



SUNDAY, SEPTEMBER 28, 2014

UMEF 5K Run/Walk

Registration 8:00 AM Race Begins: 9:00 AM

www.umef.org

215-830-1587 5Krunwalk@umtsd.org

Location: UPPER MORELAND ELEMENTARY CENTER, HATBORO, PA

Pre-Registration/Package Pickup: September 26, UMTSD Administration Building, 2:30 - 4:00 PM

Race Day Registration: 8:00 AM ~ **National Anthem** at 8:45 AM ~ **Race Begins:** 9:00 AM

The Goods: Individual participants 8 & over will receive a t-shirt and goodie bag. T-Shirts are guaranteed to individual participants registered by August 25, 2014. Student teams will not receive t-shirts. Shirts will be available to purchase at \$7.00. Prizes awarded to first three male and female overall finishers as well as the top male and female finisher in each age category.

Race Overview: The 5K Run will begin and end at the Upper Moreland Elementary Center, 3980 Orangemans Road in Hatboro. The course will be a neighborhood run on flat terrain. Participants will need to register by 8:15 AM, with the competitive run beginning at 9:00 AM. We encourage you to sign up prior to event day. Pre-registration packets can be picked up on Friday, September 26th from 2:30 PM - 4:00 PM.

Students - Form a Team: Team participation is encouraged! Get your friends, or classmates involved. Make your team stand out with your own theme -- be creative! A team consists of 7-10 members.

All proceeds will benefit the Upper Moreland Education Foundation. The Upper Moreland Education Foundation exists to provide the Upper Moreland Community with enhanced learning opportunities through creative and innovative educational programs. Come join us and celebrate health & wellness in a fun, family environment, perfect for all ages.

Participant's Information (Please complete ALL fields)

Name _____

Address _____

City, St., Zip _____

Phone _____

Email _____

Age Group: 12 & Under ____ 13-15 ____ 16-19 ____
20-29 ____ 30-39 ____ 40-49 ____ 50+ ____

(Circle one) Sex: M F Walker Runner

T-Shirt (circle one) Adult: S M L XL **Kids:** M L
(only participants registered by August 25, 2014 are guaranteed a shirt, size not guaranteed)

Team Name (Optional) _____

Make checks payable to: UMEF
Mail completed form with payment to:
PO Box 237
Willow Grove, PA 19090

5krunwalk@umtsd.org www.umef.org
Or See: Linda Christensen/Jana Barnes/Nora Rosenbaum

| | Regular Entry Fee Until September 8, 2014 | ON-SITE ENTRY FEE |
|-----------------------------|--|----------------------|
| Tot (7 yrs & Under) | Free | Free |
| Child (8-13) | \$10 | \$15 |
| Adult | \$20 | \$25 |
| Student Team (7-10 members) | \$100 | \$110 |
| Total Amount \$ | | |

I acknowledge that this athletic event is an extreme test of a person's physical & mental limits and carries with it the potential for serious injury and property loss. The risks include but are not limited to those caused by terrain, facilities, temperature, weather, condition of athletes, weather, vehicular traffic, or lack of hydration, actions of other people including but not limited to participants, volunteers, spectators, event officials, and/or producer of the event. These risks are not only inherent to athletes, but are also present to volunteers. I hereby assume all the risks, of participating or volunteering for the event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment, or property owned, maintained or controlled by them or because of their by the possible liability without fault. I certify that I am physically fit, have significantly trained for participation in the event, and have not been advised otherwise by a qualified medical person. I acknowledge that this accident waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors, and organizers, which I may participate and that it will govern my actions and responsibilities at said event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assignees as follows: (A) Waive, Release, and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from the event. THE FOLLOWING ENTITIES OR PERSONS: The Upper Moreland Education Foundation, their Board, representatives, the event holders, event sponsors, event directors and volunteers (the release); (B) Indemnify and hold harmless the entities or persons mentioned in the paragraph from any and all liability or claims made as a result of participation in this event, whether caused by the negligence of the releases or otherwise I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness during this event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers and or assigns. The AWRL shall be controlled broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and I understand its content.

PARENT/GUARDIAN WAIVER (Under 18 yrs of age)
The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in each capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, or damage whatsoever which may be imposed upon said parties because of my defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardians.

SIGNATURE _____ **DATE** _____
(Parent or guardian if under 18)